

**FEC  
FORM 1****STATEMENT OF  
ORGANIZATION**

Office Use Only

1. NAME OF COMMITTEE (in full) ☐ (Check if name is changed) Example: If typing, type over the lines.

12FE4M5

Midwest Growth PAC

ADDRESS (number and street)

PO Box 7036

☐ (Check if address is changed)

Appleton

CITY ▲

WI

STATE ▲

54912

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

☐ (Check if address is changed)

info@midwestgrowth.org

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

☐ (Check if address is changed)

midwestgrowth.org

2. DATE

MM / DD / YYYY  
05 / 19 / 2016

3. FEC IDENTIFICATION NUMBER ►

C C00617779

4. IS THIS STATEMENT ☒ NEW (N) OR ☐ AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Bruce Barrette

Signature of Treasurer Bruce Barrette

[Electronically Filed]









Date

MM / DD / YYYY  
05 / 19 / 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office  
Use  
OnlyFor further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-1100**FEC FORM 1**  
(Revised 06/2012)

1.  FEC ID number **C** 
2.  FEC ID number **C** 
3.  FEC ID number **C** 
4.  FEC ID number **C** 

Write or Type Committee Name

**Midwest Growth PAC****6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

NONE

Mailing Address

CITY

STATE

ZIP CODE

Relationship: ☐ Connected Organization ☐ Affiliated Committee ☐ Joint Fundraising Representative ☐ Leadership PAC Sponsor**7. Custodian of Records:** Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name Bruce Barrette

Mailing Address 1710 Cleveland Avenue

Marinette

WI

54143

Title or Position

CITY

STATE

ZIP CODE

Treasurer

Telephone number

**8. Treasurer:** List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer Bruce Barrette

Mailing Address 1710 Cleveland Avenue

Marinette

WI

54143

Title or Position  
Treasurer

CITY

STATE

ZIP CODE

Telephone number

Full Name of  
Designated  
Agent

Bruce Barrette

Mailing Address

1710 Cleveland Avenue

Marinette

CITY

WI

STATE

54143

ZIP CODE

Title or Position

Treasurer

Telephone number

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Associated Bank

Mailing Address

2175 S. Memorial Drive

Appleton

CITY

WI

STATE

54915

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

: 97 `A-G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A-N5HCB  
.

Form/Schedule: F1N

Transaction ID :

To Whom It May Concern: This committee intends to make only independent expenditures. Therefore, it intends to raise funds in unlimited amounts and from sources that include corporations and labor organizations. This committee will not use those funds to make contributions, whether direct, in-kind, or via coordinated communications, to federal candidates or committees. Respectfully submitted, Treasurer: Bruce Barrette

Form/Schedule:

Transaction ID: